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GREENSBORO, NC 27409				(Depositor's name)		
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/540,769	06/24/2005		Renaud Beaudegnies		70204	1717
TITLE OF INVENTION: NOVEL HERBICIDES						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	06/03/2010
EXAM	NER	ART UNIT	CLASS-SUBCLASS	Ì		
YOUNG, SHAWQUIA		1626	514-337000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address for PTO/SB/I/2) attached. The Address for PTO/SB/I/2) attached. The Address in indication (or "Fee Address" Indication form PTO/SB/I/2) attached. Use of a Customer Number is required.			2. For printing on the pasent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents. If no name is litted, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled for recordation as est forch in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (a) NAME OF ASSIGNEE (b) RESIDENCE: (CITY and STATE OR COUNTRY)						
Syngenta (Crop Protecti	on, Inc.	Greensboro,	North Card	lina	
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 💆 Corporation or other private group entity 🚨 Government						
4a. The following fee(s) are submitted: 2 Issue Fee 2 Publication Fee (No small entity discount permitted) Advance Order - # of Copies			b. Psyment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☑ Psyment by credit card. Form PTO-2038 is attached. ☑ The Director is hereby authorized to charged trappage fee(s), any deficiency, or credit any overpayment, to Deposit Account Number : 0 1 2 1 2 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
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Authorized Signature	/WILLIAM A.		ust	Date June	14, 2010	
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